

FILED JUN 25 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2429

19437

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether)
In this community 18 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 4309 GINNHAM RD
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Cecil W. Cassity

3. (b) If veteran, name war NO 3. (c) Social Security No. 487-07-4164

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET CASSITY 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased JULY 31 1892 (Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 7 If less than one day hr. min.

9. Birthplace PURDIE, MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation MOTOR MAN

11. Industry or business KE. PUBLIC SERVICE CO.

12. Name R. W. CASSITY

13. Birthplace POURDIE MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name OTER, KARR (City, town, or county) (State or foreign country)

15. Birthplace BALTIMORE MD. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Cassity

(b) Address 4309 Ginnham Road

17. (a) Burial (b) Date thereof JUNE 10, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Purdie, Missouri

18. (a) Signature of funeral director W. A. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-8-45 (b) Ernauldine Holmes (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month JUNE day 8th year 1945 hour 4 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 7, 1945, to June 8, 1945;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8th year 1945 hour 4 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 7, 1945, to June 8, 1945;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Hanged a Palto (M. D. or other) M.D.

Address 1132 P. B. Rd. Date signed 7/8/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Prop. 13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed *Emile M. Calhoun*
Licensed Embalmer No. *3506*
P. O. Address *A. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.